

ORIGINAL

NOTICE OF MOTION

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

_____	X	
	:	
SERGE KANNON	:	Response in opposition to
	:	motion to dismiss.
Plaintiff,	:	
	:	1:22-cv-04723-AMD-PK
-against-	:	1:22-cv-04723-AMD-PK
	:	
RICHARD ZEITLIN	:	
	:	
Defendant	:	
_____	X	

With regard to the defendants' motion to dismiss for failure to state a claim; Plaintiff's claim was brought to The Civil Court of the City of New York where the application for a complaint doesn't provide adequate space for the full complaint. The complaint application also includes the instruction to "Be brief" as shown in Exhibit P1.

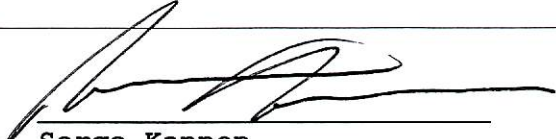
My full claim and complaint is as follows:
Defendent initiated two (2) unsolicited communications to my cell phone, 718-510-3692, on September 1, 2021 at 9:15 AM from phone number 347-801-7965 and then again on the same day at 10:18 AM from phone number 315-640-3209, for marketing purposes using an Automatic Telephone Dialing System (ATDS) and AI or robotic voices. The calls were unwanted and made without my express invitation, permission, or consent.

The calls were placed from a company called Police and Troopers Support PAC, an entity owned and operated by Richard Zeitlin The calls were made in violation of 47 U.S.C. section 227 or the TCPA.

I apologize for my late response.

I respectfully request the court to deny defendant's motion to dismiss.

Dated: Kings County New York
September 19, 2022


Serge Kannon
Plaintiff Pro Se
1021 East 108 Street, Apt. 2A
Brooklyn, New York 11236



PARTIES

PLAINTIFF: Please print your name, complete address, including your apartment number (no P.O. box number) and telephone number. [Please note: If the claim is based on an auto accident, the claim must be **Owner** against **Owner**]. A Corporation must be represented by an attorney.

[Redacted area for Plaintiff information]

DEFENDANT(S): Please print the full legal name and street address (no P.O. box number) of the party(ies) you are suing. Indicate whether you are suing this party as a person or a business. [Please note: If you are suing a business, indicate whether it is a partnership, a corporation or an individual with a business certificate. This information can be obtained in the County Clerk's Office in the county in which the business is located. Failure to check this information may result in a judgment which cannot be executed.]

[Redacted area for Defendant information]

CLAIM

REASON FOR CLAIM:

- | | | | |
|---------------------|---|--|---|
| Damage cause to: | <input type="checkbox"/> automobile | <input type="checkbox"/> person | <input type="checkbox"/> property other than automobile |
| Failure to provide: | <input type="checkbox"/> repairs | <input type="checkbox"/> proper service | <input type="checkbox"/> goods ordered |
| Failure to return: | <input type="checkbox"/> security | <input type="checkbox"/> property | <input type="checkbox"/> deposit <input type="checkbox"/> money |
| Failure to pay for: | <input type="checkbox"/> wages
<input type="checkbox"/> rent | <input type="checkbox"/> services rendered
<input type="checkbox"/> commissions | <input type="checkbox"/> insurance claim <input type="checkbox"/> money loaned
<input type="checkbox"/> goods sold and delivered |
| Breach of: | <input type="checkbox"/> contract | <input type="checkbox"/> lease | |
| Loss of: | <input type="checkbox"/> luggage | <input type="checkbox"/> property | <input type="checkbox"/> time from work <input type="checkbox"/> use of property |
| Returned: | <input type="checkbox"/> check (bounced) | <input type="checkbox"/> merchandise (not reimbursed) | |

Other: (Be brief)

[Redacted area for Other claim details]

DETAILS OF CLAIM:

Amount of Claim: (Limit \$50,000 for each Cause of Action) \$ _____

Date of Occurrence: _____

Place of Occurrence: _____

If Car Accident: YOUR license plate # _____ DEFENDANT'S license plate # _____

Identifying Number(s): _____

(Receipt #, Claim #, Account #, Policy #, Ticket #, etc.)

Date
CIV-GP-59 (Revised 1/22)

X _____
Signature of Plaintiff